



City of Arlington, Texas
Ground Transportation Permitting Office
Driver Permit Application

☐ New ☐ Renewal

Application Date: ____ / ____ / ____ Application Expiration Date: ____ / ____ / ____

DRIVER INFORMATION (Print in black ink only)

NAME: _____

Height: ____ ft. ____ In. Last First Middle
Weight: ____ lbs. Eye Color: _____ Hair Color: _____

Social Security Number: ____ - ____ - ____ Date of Birth: ____ / ____ / ____ Race: ____ Sex: ____

Current Address: _____

City: _____ State: _____ Zip: _____

If less than 5 yrs at the above address, list previous addresses for the past 5 years:

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (____) _____ Cell Phone: (____) _____

Texas Driver's License No.: _____ Class: ____ Expires: ____ / ____ / ____ Restrictions: _____

Have you been previously issued an Arlington taxi drivers permit? ☐ Yes ☐ No Last year issued? _____

1. Have you ever applied for a City of Arlington taxi driver permit? ☐ Yes ☐ No
2. Have you ever been denied a City of Arlington taxi driver permit ☐ Yes ☐ No
3. Have you ever had a City of Arlington taxi driver permit revoked? ☐ Yes ☐ No
4. Do you have any physical impairment, physical or mental disease? ☐ Yes ☐ No
5. Are you under indictment now or, in the last 5 year, have you been convicted or released from confinement imposed for conviction for a crime involving murder, kidnapping, a sexual offense, an assaultive offense, Robbery, Burglary, Theft, Fraud, Tampering with a governmental record, prostitution / obscenity, carrying or possession of a weapon, a drug or controlled substance offense, or Driving while intoxicated..... ☐ Yes ☐ No
6. Has your State Drivers License been suspended or revoked? ☐ Yes ☐ No
7. Are there any charges pending or warrants outstanding against you? ☐ Yes ☐ No
8. Have you been involved in any accidents in the last 3 years where you were the driver of the vehicle; if so, list each on the reverse side of this form ☐ Yes ☐ No
9. Are you addicted to the use of alcohol or narcotics? ☐ Yes ☐ No

If any questions were answered "Yes" above, please provide a complete explanation. Include dates, locations, and the current status of each item in the question below:

(Over)



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MOTOR VEHICLE ACCIDENTS

List all traffic accidents you have been involved in, as the driver, in the last five years. Indicate if officers responded or a state accident report was filed. Also, describe what happened and list who was at fault.

Date	Location	Description
Date	Location	Description
Date	Location	Description

TRAFFIC OFFENSES

List all traffic citations issued to you in the last five years (speeding, stop sign, parking, no insurance, expired registration, etc.), regardless of disposition.

Date	Violation	Location	Disposition
Date	Violation	Location	Disposition
Date	Violation	Location	Disposition

MEDICAL CERTIFICATION

This is to certify that I have examined _____ the applicant, for a City of Arlington Taxi Driver Permit, on _____, and based on my examination reported herein, it is my opinion that the applicant is not afflicted with a physical impairment, physical or mental disease, that is likely to prevent the applicant from exercising ordinary and reasonable control over a motor vehicle or that is likely to otherwise endanger the public health or safety.

Physician's Last Name, First Name

Physicians Signature or Stamp

Number and Street (Address)

Physician's License No.

City State Zip Code

Phone No.

CERTIFICATE HOLDER AUTHORIZATION

Notarized: I (the company owner or representative authorized to sign City of Arlington Driver Permit Applications), do hereby certify that the driver listed on this application will be driving for _____

Authorized by: _____ Date: _____

THE STATE OF TEXAS, COUNTY OF _____
I, _____, do hereby certify that on the _____ day of _____, 20____
personally appeared before me (Company Authorized Signature only), declared that he or she is the person who signed the foregoing document and the statements therein contained are true.

SEAL

Notary public in and for the State of Texas
My commission expires: _____

DECLARATION OF APPLICANT

I (PRINT Name) _____, declare that I have examined this application and that all statements in the application are true and correct. And further, that any false statements or omissions may be cause for rejection of this application, or revocation of my driver permit. I further declare that I will comply with and abide by the requirements for the issuance and use of a driver permit, in accordance with the Transportation Chapter of the City of Arlington.

Applicant's Signature: _____

Date: _____